

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-879)**

SERIAL NO.

FILEING DATE

1661 LIGAMENTS

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	ENO.	DEF.	ENO.	DEF.	ENO.	DEF.
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TOTAL ENO.		2				
TOTAL DEF.		26				
TOTAL		28				